

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2000 08:00 AM**
Secretary of State**DOCUMENT # F99000003054****1. Entity Name**
AVANTI COACH CORPORATION**Principal Place of Business**

4268 LOS ANGELES AVENUE

SIMI VALLEY
930633366

CA

Mailing Address

4268 LOS ANGELES AVENUE

SIMI VALLEY
930633366

CA

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**88-0419041**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SCHWARTZ KEVIN C
8331 EPICENTER BLVD.LAKELAND
33809

US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/10/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	BOYD LISA	
STREET ADDRESS	4268 LOS ANGELES AVENUE	
CITY-ST-ZIP	SIMI VALLEY CA 93063	

TITLE	V	<input type="checkbox"/> Delete
NAME	SCHWARTZ KEVIN C	
STREET ADDRESS	221 CATHERINE CT	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE	PC	<input type="checkbox"/> Delete
NAME	NIER DIDIER JDR.	
STREET ADDRESS	213 FAWN VALLEY COURT	
CITY-ST-ZIP	SIMI VALLEY CA 93065	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE NIER DIDIER JDR.	
STREET ADDRESS	213 FAWN VALLEY COURT	
CITY-ST-ZIP	SIMI VALLEY CA 930656774	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE** Didier J. De Nier

PC

01/10/2000